

Montana Department of Labor & Industry  
Employment Relations Division  
Workers' Compensation Regulation Bureau  
P.O. Box 8011  
Helena, MT 59604-8011

**CORPORATE RESOLUTION**  
**Plan 2 INSURANCE**

The Board of Directors of \_\_\_\_\_  
(hereinafter called the Insurer), a corporation organized and existing under the laws of the  
State of \_\_\_\_\_, who does or wishes to do business in Montana as an  
approved insurer operating under compensation plan No. 2, administered by the Montana  
Department of Labor & Industry, Employment Relations Division (hereinafter called the  
Department), held a meeting on \_\_\_\_\_.  
A quorum was present and after discussion, the following Resolution was adopted:

- A. Whereas, a private insurer desiring to operate in Montana as a insurer under compensation plan No. 2 must furnish security to the Department pursuant to § 39-71-2215, MCA;
- B. Whereas, this deposit of security by the Insurer is for the protection of and to guarantee the payment of all workers' compensation liabilities which the Insured employer may owe to its employees, or the beneficiaries of its employees;
- C. Whereas, a private insurer desiring to operate in Montana as an insurer under compensation plan No. 2 must become a member of the Montana Insurance Guaranty Fund; and
- D. Whereas, the Insurer desires to conduct business in Montana as an insurer under compensation plan No. 2 of the Montana Workers' Compensation Acts.

THEREFORE, BE IT RESOLVED

1. That the Insurer shall deposit security with the Department as required by law;
2. That the Insurer become or continue to be a member of the Montana Insurers Guaranty Fund; and
3. That the President, Vice President, or Treasurer, and the Secretary, as officers of this corporation are authorized to execute such documents and terms as are necessary for the Insurer to furnish security to the Department in the amount and manner as required or permitted by law, so that the insurer may be permitted to operate as a insurer compensation plan No. 2 insurer under the Montana Workers' Compensation and Occupational Disease Acts.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Typed Insurer Corporation Name

By: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed Name and Title

I, \_\_\_\_\_, the undersigned secretary of the above named corporation, do hereby certify that I am the secretary of the above named corporation, that the foregoing is a full, true, and correct copy of a Resolution duly passed by the Board of Directors thereof at a meeting held on \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, and that the resolution has never been revoked, rescinded, or set aside, and is now in full force and effect.

CORPORATE SEAL

By: \_\_\_\_\_  
Signature of Secretary

\_\_\_\_\_  
Typed Name of Secretary